

REPORT TO THE PCT BOARD
Date 30th January 2008

Subject:	Future Provision of Services on the Alcester Hospital Site
Presented to the Board By:	Paul Maubach
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PURPOSE OF THE REPORT:

For Board approval

KEY POINTS:

Warwickshire PCT has established that the existing NHS facilities in Alcester are out-of-date and need to be replaced. There is no option to leave the services in their current state; a new facility that can serve the local population long into the future is needed as soon as possible.

A detailed technical analysis of the NHS services that the population of Alcester currently use from across Warwickshire has been undertaken in order to establish the potential range of services that could be provided in the town from a new facility

The report sets out that analysis and provides an assessment of the types of services that could potentially be provided.

Further work will be required to understand both the clinical and economic implications of the potential options for the future.

The PCT plans to begin a public consultation on 1st February 2008 to obtain public views about their preferred options.

RECOMMENDATIONS:

The Board is asked to approve public consultation and the proposed potential options for future service configuration.

APPROVED BY:

Committee	Date

Future Provision of Services
on the
Alcester Hospital Site

DRAFT

Executive Summary

Warwickshire PCT has established that the existing NHS facilities in Alcester are out-of-date and need to be replaced. There is no option to leave the services in their current state; a new facility that can serve the local population long into the future is needed as soon as possible.

But what services should be provided from the new facility?

In order to help understand what NHS services the people of Alcester require, and to enable decisions about the future use of the site to be made on the basis of fact rather than conjecture, the PCT has undertaken a detailed technical analysis of the NHS services that the population of Alcester currently use from across Warwickshire in order to establish the potential range of services that could be provided in the town from a new facility.

This report sets out that analysis and provides an assessment of the types of services that could potentially be provided. The report also sets out the further work that is required to understand both the clinical and economic implications of the potential options for the future.

It is important that local people have their say about the types of services they would like to be provided in the town. The PCT will therefore begin a public consultation to obtain their views about their preferred options, at the same time as we undertake the additional clinical and economic work that is required.

We believe that we have a fantastic opportunity to develop new NHS facilities in Alcester. It is our assessment based on the technical information so far that, whilst as part of this development we will have to carefully consider whether or not this can viably include hospital beds, there is no doubt that new NHS facilities in Alcester are needed and we will be able to expand on the existing range of services to bring new services into the town.

Future Provision of Services on the Alcester Hospital Site

Summary

This paper sets out Warwickshire PCT's assessment of the services that could potentially be delivered from the Alcester Hospital site in a new development. It is intended to initiate a consultation that will run from 1st February – 25th April 2008 to explore the options with the public in more detail.

To help inform the discussion the PCT has looked at the services currently provided on the Alcester site to find out how much they are used and who uses them. In addition the PCT has analysed all attendances with acute and community providers in the last 3 years for patients registered with the two GP practices in Alcester: Arrow Lodge and Priory Road, for acute or community care in order to identify what additional services (that are currently provided elsewhere) might reasonably be provided in Alcester in the future.

The two practices have a registered population of approximately 10,000 and their patients are the biggest users of the hospital. However some surrounding practices do refer some of their patients so the PCT has therefore scaled up the information it has on the attendances from the Alcester GP practices to reflect a population of 20,000. This represents a realistic assessment of the likely population that would use the hospital in future.

The PCT has then applied the Criteria in the Commissioning Strategy for a Healthy Warwickshire for assessing whether services should be provided.

On the basis of this analysis and with knowledge of best practice elsewhere the report states a range of options. Between now and the end of the consultation period several pieces of work will need to be completed, involving local representatives from Alcester, to explore some of the assumptions and issues raised in this analysis. This programme of work, and what the public and our staff have told us during the consultation, will then inform a final options appraisal to be presented to the Board in May. The options in the paper are as follows:

1 Make no changes to existing facilities:

2 Re provide all existing services in a new facility on the same site

With this option Alcester patients would have a local service but patients from outside the Alcester area would have to be referred to the hospital for the IP service to continue to be fully utilised.

3 Re provide all existing day services on the same site, i.e. no re-provision of inpatient beds,

With this option the PCT would need to spot-purchase beds from local nursing and residential homes but also provide enhanced home care

4 Re provide all existing day services on the same site and a number of IP beds that matches the need for the local Alcester population

With this option the Alcester population will obtain a local service but the PCT needs to consider whether this option is both financially and clinically viable.

In addition to the four main options, for any of options 2, 3 or 4 we potentially have the opportunity to include some or all of the following additional services:

1. New community health care teams to care for people in their own homes avoiding admission to hospital wherever possible, supporting rehabilitation and end of life care
2. Relocation of existing GP services onto the site
3. Development of a new dental service
4. Services to support healthy living
5. Capacity to accommodate local authority, voluntary sector and social care services
6. A range of out-patient and diagnostics services

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1. Introduction

The purpose of this paper is to set out Warwickshire PCT's analysis of the services that could potentially be delivered from the Alcester hospital site in a new development and to initiate a consultation on the proposals. A formal consultation will run from 1st February – 25th April 08. A plan to engage with the public has been agreed with Alcester Town Council and is attached at **Appendix 1**.

2. Existing Services

Alcester Hospital opened in 1906. It was used as an emergency hospital during the second world war and has since served the residents of Alcester as their community hospital. It now provides a small inpatient unit of 24 beds with medical cover provided by the two GP practices within the town, in hours and with night time cover provided by the Out of Hours service based at Warwick Hospital. A large day room area has been converted into a busy day hospital area where a small number of day cases such as blood transfusions are also undertaken.

There is no minor injuries unit, diagnostic facility or dedicated outpatient rooms but a small volume of Outpatient activity does take place in individual rooms off the ward corridor.

The Hospital offers some therapy services and provides a base for a diabetic retinopathy service, midwife led anti-natal sessions as well as some mental health outpatients. Additional nurse led clinics are provided for continence and leg ulcers. Meeting rooms within the hospital used by various charities including Alcoholics Anonymous and for first aid classes. **See Appendix 2** for a table outlining some key facts about the hospital.

3. Who uses Alcester Hospital?

The catchment that the hospital serves is shown by those practices that refer to it. The table at **Appendix 3** shows the inpatients admitted to Alcester Hospital in the financial year 2005/06 by their GP practice. The practice list size and the % of the list admitted is shown as proxy of usage.

The population that use a community hospital is also defined by where the users of the service live. The table at **Appendix 4** shows the information for the financial year 2005/06 mapped by postcode of residence.

As expected for a community hospital the vast majority of the population that use Alcester hospital live very locally to it.

Taking into account GP list sizes and postcode population data the core user population is estimated to be around 20,000.

Throughout the report, when analysing the needs of the Alcester population for the future, the PCT has applied the Stratford District Population growth figures for 2013 and 2018.

4. What will the Population Need in Future – an approach to analysing the information.

To help inform the discussion the PCT has looked at all attendances with acute and community providers in the last 3 years for patients registered with the two GP practices in Alcester: Arrow Lodge and Priory Road, for acute or community care.

Between them the two practices have a registered population of approximately 10,000 and are the biggest users of the hospital. The PCT has therefore scaled up the information it has on the attendances from the Alcester GP practices to reflect a population of 20,000. This represents an optimistic assessment of how the hospital could be used in future as practices that are further away do not at present use it as much. Nevertheless it gives an idea of what a 'best possible' scenario might be.

To try and understand the work that could potentially be done on a community hospital site, if the facilities were suitable, the PCT has also looked at the data on all attendances from GP practices in Rugby for a total population of 20,000. The population of Rugby utilise services at both University Hospital of Coventry and Warwickshire (UHCW) – which is their main hospital provider; and at St Cross Hospital in Rugby – which offers an extensive range of sub-acute services. We have looked at the proportion of referrals, by HRG, going to St Cross and the proportion going to UHCW. The PCT has then applied that proportionate split to the figures for Outpatients and Day cases on the Alcester figures to see if that gives an indication of the potential for developing further services. In practice this is likely to be a significant overestimate of what might be reasonable to provide in Alcester as St Cross hospital serves a population that is substantially greater than 20,000 and so there is potential for much greater diversity of service provision.

Never the less this gives a start-point for determining the 'best possible' potential for future development. St Cross has many more facilities than Alcester and as part of UHCW has Consultants and junior teams running clinics on the St Cross site. Acute and primary care clinicians would need to be consulted about the findings in this report as part of the consultation exercise.

5. Outpatients

At present the only recorded Consultant – led Outpatient activity is with Consultants in Old Age Psychiatry.

A full list of all the outpatient attendances from the two GP practices scaled up to reflect the population of Alcester and the Rugby split between acute and sub-acute, can be seen at **Appendix 5**.

The assumption is that the referral volumes need to be sufficient to sustain at least one clinic a fortnight to be a viable service at Alcester. On the basis of 20 minutes for a new appointment and 10 minutes for a follow up **Appendix 6** shows the Outpatient clinics that could be run from Alcester in the future namely in General Surgery, Trauma & Orthopaedics, ENT, Ophthalmology, General Medicine, Cardiology and Dermatology.

In deciding whether these services could be provided to the Alcester population the PCT needs to take into account the criteria for assessing which services should be provided where, as stated in the Commissioning Strategy for a Healthy Warwickshire 2007 –2012.

Criteria 1: Relative cost to the NHS in comparison to the patient's cost of travel.

Outpatient attendances are relatively low cost. Patients do have the option to travel to Redditch for Outpatient visits: a journey of about 6 miles that can be undertaken in 20 minutes.

Criteria 2: Number of attendances required by the patient to receive the service: The specialties have been identified on the basis that they represent sufficient volumes to be cost effective.

Criteria 3: Likelihood of any individual needing to use the service in any given year. Again the volumes are based on the analysis described above and represent a viable number to run clinics.

Criteria 4: Likelihood of any individual needing to use the service in any given year. . The nearest provider is at Redditch as described in criteria 1. If a GP wishes to refer to a Consultant in Warwick approximately 12 miles away the journey time could be 40 minutes. To provide choice locally this criteria would indicate that Outpatient services should be offered in Alcester.

Criteria 5. Degree of clinical specialisation required and or rarity of the condition. The figures have been calculated applying the proportionate split between Rugby referrals that go to St Cross and work that goes to UHCW on the assumption that work going to Rugby is of a more general nature. This will require further investigation.

6. Appointments with other Health Professionals

A range of Allied Health Professionals (AHPs) including Physiotherapy, Occupational Therapy, Speech and Language Therapy, Dieticians and Podiatrists sees people in Outpatient clinics.

If it is felt that a multi disciplinary assessment is needed then a patient will be referred to the day hospital for assessment and treatment. Nurses also see patients at the day hospital.

Appendix 7 shows all contacts from the two Alcester GP practices with AHPs whether at the day hospital as an outpatient or as an in patient.

On the basis of the numbers of contacts it is clear that these services that help patients to maintain independent lifestyles are needed in future. The PCT needs to undertake a review of the day hospital to understand the best way of providing that service in future.

7. Diagnostics

There are currently no diagnostic facilities at Alcester hospital. If the Outpatient specialties identified were sited at Alcester then there would need to be supporting diagnostics, namely plain film X ray and Ultrasound.

The PCT has looked at attendances for diagnostics from GPs with a registered population of 20,000 in Warwick to Warwick hospital. This is shown at **Appendix 8**. This supports the case for X ray and Ultrasound and possibly Obstetric Ultrasound but for no other diagnostic.

8. Day cases and Endoscopy

At present there is no provision for Day Case work at Alcester. The information at **Appendix 9 and 10** shows that there might be potential for a treatment room facility for work under local anaesthetic in the specialties of General Surgery, Urology, T&O, and Clinical Haematology and for Endoscopy. However the numbers are low and would therefore fail the criteria for assessing where services should be provided on Criteria 1 (the cost of provision relative to the cost of travel for the patients) and 2 (the actual volumes which indicate that if there are low volumes services should be more central than local).

9. Inpatients

The information in **Appendix 11** shows how the existing 24 beds are used. Essentially beds are used for either admission prevention, rehabilitation or palliative care. There are also a few spells recorded for 'transitional care' meaning that they are waiting for packages of care to be organised. The PCT will not continue to have beds for transitional patients in future because they have no further medical needs requiring them to be in a hospital bed.

Appendix 12 also shows that the maximum beds required for admission prevention, based on 06/07 activity for patients referred from anywhere, based on an 85% occupancy and a 28 day length of stay (arguably much too high for an admission prevention spell) is 9 beds. It drops to 5 beds for a 14 day length of stay.

It also shows that the maximum number of beds required for rehabilitation is 8 beds based on a 28 day length of stay and that the maximum required for end of life care is 1 based on a 28 day length of stay.

This gives a total bed number of 18. Based on a 28 day length of stay for admission prevention, rehabilitation and palliative care and an 85% occupancy the potential bed requirement increases to a maximum of 20 in 2013 and 23 in 2018.

The bed numbers for end of life care may not reflect the true need. At present there are 4 beds available for end of life care for patients who meet continuing care criteria. These have been dedicated to palliative care for the last 12 months and are not always occupied because to be eligible for a bed patients must meet the continuing care criteria.

Applying the Commissioning Strategy's criteria for assessing where services should be provided to inpatient bed provision in Alcester highlights the following issues:

Criteria 1: Relative cost to the NHS in comparison to the patient's cost of travel.

The provision of beds is very costly and currently represents a high % of the overall budget for Alcester. The PCT will need to investigate whether there is a more cost effective way of providing these services ie: admission prevention, rehabilitation and end of life care during the public consultation period.

For example, admission prevention could be delivered by putting more resources into community services. Intermediate care services already care for people in their own homes to prevent an acute hospital admission. Additional trained nurses who can deliver IV antibiotics at home, who are able to prescribe and who have a budget to spot purchase a bed in a nursing home or access dedicated 24 hour care for a person who needs to be watched overnight, could be a way forward. This service would need medical back up from an Out of Hours service.

People with long term conditions could be supported by additional investment in Community Matrons who could identify patients at risk of admission to hospital, with the support of software that analyses hospital and GP data, and coordinate the care of these patients at home as if they were in a 'virtual ward' with clinicians from all relevant disciplines visiting the patients on a regular basis. Medical cover for these patients could be provided by their own GP or by a doctor employed to work for the virtual ward team.

End of life care could be provided by funding a hospice at home service or additional specialist nurses who also have the ability to spot purchase nursing home beds if required.

Rehabilitation could be provided by enhanced intermediate care service with access to 24 hour home care if necessary.

Criteria 2: Number of attendances required by the patient to receive the service. The number of patients who would benefit from inpatient beds is low indicating that this is a service that does not necessarily need to be localised to Alcester. (see **Appendix 2**)

Criteria 3: The likelihood of any individual needing to use the service in any given year. Again the numbers are low.

Criteria 4: The proximity of existing similar services. There are no other community rehabilitation beds within a 20 minute travel time. The issue is whether or not the service can be provided in a different way for example in the community.

Criteria 5. Degree of clinical specialisation required and or rarity of the condition. Admission prevention and rehabilitation services require the skills of Therapists, Nurses and Doctors who are experienced with this patient group. The presenting conditions that lead a patient to require admission prevention or rehabilitation are not rare.

10. Accident and Emergency Attendances

The information in **Appendix 13** shows where all A&E attendances for the two Alcester GPs went in the first two quarters of 07/08. It also shows what sort of care was required and highlights that if the information for the first two quarters was extrapolated for a full year then there were nearly 3000 low cost attendances.

Criteria 2, the number of attendances required by the patient to receive the service would rule out the provision of a primary care based urgent care service on the Alcester site particularly given Criteria 4 and the proximity of existing similar services. when there is an A&E department in

11. Dentistry

There is currently an under provision of dental services in the Alcester area. Based on a population size of 20,000 the current provision/shortfall is as per the following tables :

Warwickshire wide Units of Dental Activity (UDA)	Activity for population of 1,000 (Total UDAs/500,000)	Activity requirement for 20,000
842,000	1,684	33,680
Current Alcester + Studley UDA		6,887
Shortfall/Additional requirements		26,800
Dental "chairs" required (based on approximately 7,000 UDAs per annum per chair		4

Warwickshire wide Units of Orthodontic Activity (UOA)	Activity for population of 1,000 (Total UOAs/500,000)	Activity requirement for 20,000
50,000	100	2,000
Current Alcester + Studley UOA		0
Shortfall/Additional requirements		2,000
Dental "chairs" required (based on approximately 7,000 UDAs per annum per chair		.2

There is a proposal to transfer orthodontic activity from Secondary to Primary Care and this will increase the UOA activity. A five chair surgery would, therefore, be appropriate.

12. Pharmacy

The Warwickshire Pharmaceutical Needs Assessment does not indicate a need for additional Pharmacy Services in Alcester. It is, however, possible that a current contractor may seek to relocate or that an application is received for a new contract. The outcome of the Warwickshire Pharmaceutical Contract Application Panel or of any appeals to the NHS Appeals Authority cannot be predicted at this point.

13. General Practice

The current populations of the two Alcester General Practices are:

Dr Singh & Partners:	4,680
Dr Wallis & Partners:	5,873
Total	10,553

It is not envisaged that there would be a requirement to provide Primary Medical Services to a population significantly larger than this (unless there is significant increase in the population of Alcester and the immediate geographical locality) as:

- a) Patients tend not to change Practice/choose to travel to a Practice other than that local to their place of residence;
- b) The Practices have geographical boundaries which define their catchment area and, therefore, limit the potential patient numbers.

14. Integration

To be effective community hospitals should not be isolated. The services in Alcester need to be integrated with acute providers, with primary care and with the Local Authority, Voluntary and Charitable providers. A new facility should be an important hub in the local community for wellness activities alongside the traditional role of caring for the sick.

One way towards achieving an environment where different disciplines and organisations communicate well, understand each others contributions and work together is to locate them in the same place. Physiotherapy and OT are based at Alcester hospital but a number of other community services have different bases. The PCT will review the location of the existing GP practices in Alcester, the district nurses, community matrons and intermediate care services, to look at the feasibility of them being based on one site. It will also need to talk to the Local Authority and other organisations about the possibility of moving relevant services to the same place.

15. Possible Future Options for development

One of the fundamental issues about the current capacity is the fact that the existing IP beds are not fully utilised by the local population. We therefore have to consider the extent to which it is viable to continue with IP facilities. In addition to this key issue this paper also highlights that there are a wide range of additional possible services that could be included as part of a new facility

on the site. Therefore in considering the options for the new development we need to take account of both sets of issues.

There are four main options:

- 1. Make no changes to existing facilities:**
- 2. Re provide all existing services in a new facility on the same site**
With this option Alcester patients would have a local service but patients from outside the Alcester area would have to be referred to the hospital for the IP service to continue to be fully utilised.
- 3. Re provide all existing day services on the same site, i.e. no re-provision of inpatient beds,**
With this option the PCT would need to spot-purchase beds from local nursing and residential homes but also provide enhanced home care
- 4. Re provide all existing day services on the same site and a number of IP beds that matches the need for the local Alcester population**

With this option the Alcester population will obtain a local service but the PCT needs to consider whether this option is both financially and clinically viable.

In addition to the four main options, for any of options 2, 3 or 4 we potentially have the opportunity to include some or all of the following additional services:

- New community health care teams to care for people in their own homes avoiding admission to hospital wherever possible, supporting rehabilitation and end of life care
- Relocation of existing GP services onto the site
- Development of a new dental service
- Services to support healthy living
- Capacity to accommodate local authority, voluntary sector and social care services
- A range of out-patient and diagnostics services

16. Work to be done during the Consultation Phase

The analysis in this document raises a number of questions about the potential for new services and the viability of existing services. Therefore, during the consultation process there are a number of pieces of work that will be undertaken concurrently to inform the assessment of the possible options by the PCT Board in May. The work programme required is set out below. The PCT will ensure that representatives from Alcester Town Council are involved in these pieces of work so as to ensure proper public representation in the development of the findings that arise.

Required Work Programme	PCT Lead
1. Discussion with local GP practices to obtain their	

views about the options proposed and the future location of their practices	Sarah Furniss
2. Discussions with Local Authorities, voluntary and charitable services – what existing services do they have which they might want to be relocated with the NHS facility? Are there any future plans for services that would benefit from being on this site?	Alison Hawley
3. Discussions with public health and the Local Authorities about the potential for services focused on promoting wellness and independence as well as picking up themes from Alcester town council – eg drugs and alcohol.	Deb Saunders
4. Seek views of dental advisory group on the provision of dental services	Sarah Furniss
5. Review current use of day hospital and look at other models of care	Alison Hawley
6. Refine service models for enhanced community services and cost these. Compare with the implications for continuing to provide inpatient beds on the Alcester site.	Sue Davies
7. Evaluate the economic viability of providing an IP facility on the hospital site which is sized to match the needs of the local population only.	Sue Davies
8. Discuss with acute hospital consultants about the realistic potential for Outpatients and Diagnostic services to be provided in Alcester based on the information about patient numbers	Claire Hinds
9. Option appraisal taking into account the findings of the work above and the views expressed during the Consultation	Alison Hawley

APPENDIX 1: *Warwickshire Primary Care Trust and Alcester Town Council*

Engagement plan for Options on Health Services in Alcester

Background

Following the approval of the PCT strategy "Commissioning for a Healthy Warwickshire 2007 – 2012" which is anticipated on 30 January 2008, the PCT will publish a number of options for health services in Alcester. These options will be consulted on over a 12 week period. Alcester Town Council and the PCT are working in partnership on the following engagement plans to ensure that views of the Alcester population are reflected and considered appropriately.

Engagement plan

- **Consultation Document for Alcester**

A brief consultation document will be produced setting out the options for health services in Alcester. This will include a feedback form that can be completed and returned. There will be a freepost address to return this directly to the PCT, as well as a number of drop-off points within Alcester. The Town Council will arrange the drop-off points and will be responsible for collecting the responses from the drop-offs and sending to the PCT.

The consultation document will be distributed to each household in Alcester along with the Alcester Town Council newsletter which is planned to be distributed at the end of February 2008.

Electronic versions of the consultation document and feedback form will also be available on the PCT website.

Respondeees will be expected to provide their names and addresses on the forms in order to ensure that people are not sending more than one response.

The document will be available in large print format. Other languages and formats will be available on request.

- **Public Meetings**

Alcester Town Council will facilitate 5 public meetings during the consultation process: 2 in Alcester and 1 each in Bidford, Studley and Henley.

- **Template Presentation**

The PCT will produce a template presentation in conjunction with the Town Council that sets out the key options for Alcester, and outlines the consultation process. This will be made available to local parish councils for their local

meetings. Alcester Town Council is meeting with Parish Council leaders (Parish Liaison meeting) during January to inform them of the engagement process.

- **Displays**

The PCT will work with the Town Council to produce display boards setting out the principles of the commissioning strategy, the options for Alcester and how people can give their views. The display panels can then be set up in various public locations across the Alcester area throughout the engagement process.

- **Informing OSC and PPI Forum**

The engagement plan will be submitted to OSC and PPI Forum in January.

- **Engaging with Local Groups**

Alcester Town Council has lists of local groups and will make them aware of the engagement process.

- **Local Media**

The engagement process will be publicised in the Alcester Chronicle and Stratford Herald.

Date	Activity
7 January 2008	Engagement plan sent to OSC / PPI Forum / PCT staff / GPs
14 January 2008	Consultation document drafted David Rose / Bryan Stoten attend Alcester Town Council meeting
15 January 2008	Document issued to designer
21 January 2008	Alcester consultation document and feedback form printed Develop display material
w/c 21 January	Parish liaison meeting
30 January	Final commissioning strategy approved by PCT Board. Alcester options presented to PCT Board
1 February	Alcester engagement begins with staff and public Consultation document and feedback form published on PCT website News release issued to Alcester Chronicle / Stratford Herald
4 February	Exhibition display in Alcester
w/c 4 February	PPI Forum public meeting in Stratford
February – April	First public meeting in Alcester Exhibition at venues in the Alcester area. Further meetings to be held in Bidford, Studley, Henley throughout consultation process
w/c 14 April	Final public meeting in Alcester

25 April	Consultation closes
7 May	Feedback report completed
14 May	Report and final proposal to PCT Trust Board
15 May	News release issued to Alcester Chronicle and Stratford Herald
	Decision published on PCT website

Appendix 2: Key Facts about Alcester Hospital

Alcester Hospital - key facts

1	Estimated catchment population	20,000
2		
3	NHS hospitals within 20min drive	Yes
4	Nearest DGH - Alexandra Hospital	6.3mls
5	Nearest Community Hospital - Stratford	9.4mls
6		
7	Buildings - square metres	2,005
8	Land - acres	3.31
9	NHS beds open @ June 2007	24
10	Minor injury unit attendances	No
11	Out-of-hours based on site	No
12	Primary care centre on-site	No
13	Primary care centre adjacent / close	5 min
14		
16	OPD clinics, No of (acute) specialties	0
17	Approx new patients per yr	0
18	Approx follow-ups per yr	0
19	NHS Pathology specimen collection	No
20	NHS Physio (attendances)	Yes
21	NHS Midwifery	OPs
22	NHS Occupational therapy	Yes
23	NHS Speech therapy (visiting)	Yes
24	NHS Dietetics (visiting)	Yes
25	NHS Podiatry	No
26	NHS Orthoptics	No
27	NHS Clinical psychology	Yes
28		
29	NHS Day Hospital visits	1,812
30	Days open per week	5
31		
32	NHS plain film x-ray	No
33	NHS ultrasound	No
34	NHS MRI	No
35	NHS CT	No
36	NHS Mammography	No
37	NHS endoscopies	No
38	NHS cystoscopies	No
39	NHS colonoscopies	No
40	Operating Theatres	No
41	NHS Birthing Unit on site	No
42	Number of births	0
43	Dental services	Yes
44	Pharmacy	No
45	Eye testing & service	No
46	Hearing testing & service	No
47	Renal Dx	No
48	Children's centre	No
49	Chiropractitioner	No
50	Osteopath	No
51	Homeopath	No
52	Other CAM	No
53	Independent sector - ISTC	No
54	Independent sector diagnostics	No
55	Independent sector (acute) other	No
56	Residential nursing home on site	No
57	Extracare housing on site	No
58		

Future Provision Of Services On The Alcester Hospital Site

59	Local authority services on site	No
60	Social workers base	No
61	Intermediate care services base	No
62	Community nurses base	No
63		
64	Commercial Cafe	No
65	Commercial Gym	No
66	Swimming pool	No
67	Sports facilities	No
68	Yoga / Pilates etc	No
69	Other, specify	No
70		
71	Potential for mobile facility	Yes
72		

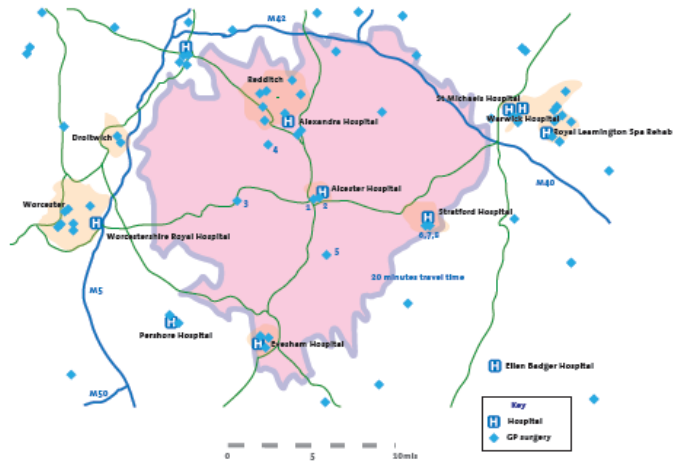
Appendix 3: 2005/06 Inpatient Activity by GP Practice

9.... Alcester Hospital - catchment area

The catchment that the hospital serves is shown by those practices that refer to it. The table below shows the inpatients admitted to Alcester Hospital in the financial year 2005/06 by their GP practice. The practice list size and the % of list admitted is shown as proxy of usage.

ID	GP Practice	Cases	Practice list size	% of list admitted
1	MB4049	48	5,959	0.81
2	MB4060	33	4,574	0.72
3	MB1607	0	2,762	-
4	MB1077	0	5,402	-
5	MB4018	45	10,043	0.42
6	MB4002	21	6,288	0.33
7	MB4008	6	1,945	0.31
8	MB4043	6	13,677	0.04
	Others	40		
	Total cases	199		

All other practices had 5 or less admissions.



Alcester Hospital and surrounding area showing travel times by road

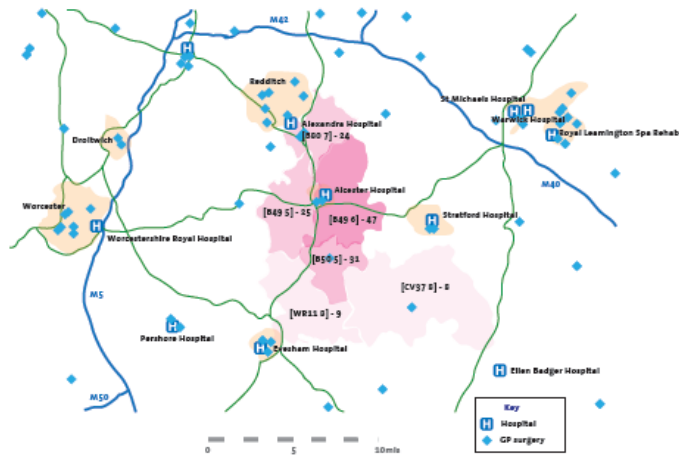
Appendix 4: 2005/06 Inpatient Activity Mapped by Postcode

9.... The population that use a community hospital is also defined by where the users of the service live. The table below shows the information for the financial year 2005/06 mapped by postcode of residence.

ID	Postcode	Postcode population 2001	Admits	Cumulative total %
1	B49 6	4,161	47	23.6
2	B50 4	6,062	31	39.2
3	B49 5	4,830	25	51.8
4	B80 7	7,095	24	63.8
5	WR11 8	6,324	9	68.3
6	CV37 8	5,063	8	72.4
	Others		55	
	Total cases		199	

All other postcodes had 7 or fewer admissions. As expected for a community hospital the vast majority of the population that use the hospital live very locally to it.

Taking into account GP list sizes and postcode population data the core user population is estimated to be around 20,000.



Admissions to Alcester Hospital for 2005/06 by postcode of residence

Appendix 5: Outpatient Activity

First Outpatient Attendances

Alcester Analysis - Outpatient Attendances With Scaling For Population and Rugby Activity Model And Future Projections							
Attendance Type	Specialty	2006.07				2013	2018
		No Of Attends - Arrow Lodge and Priory MC Only (circa 10000 pop'n) - Col 1	No Of Attends - Scaled Up To Alcester Pop'n (20000) - Col 2	No Of Attends - Arrow Lodge and Priory MC Only (circa 10000 pop'n) - Col 3	No Of Attends - Scaled Up To Alcester Pop'n (20000) - Col 4	Projected Attendances For Alcester Population (Col 4 + 1,049) - Col 5	2018 Projected Attendances For Alcester Population (Col 5 + 1,038) - Col 6
First	??? Invalid Local Code	4	8	0	0	0	0
	100. GENERAL SURGERY	232	440	116	220	231	240
	101. UROLOGY	89	169	32	61	64	66
	103. BREAST SURGERY	4	8	1	2	2	2
	104. COLORECTAL SURGERY			0	0	0	0
	105. HEPATOBIILIARY AND PANCREATIC SURGERY (HPB)	1	2	0	0	0	0
	106. UPPER GASTROINTESTINAL SURGERY	4	8	0	0	0	0
	107. VASCULAR SURGERY	4	8	1	3	3	3
	110. TRAUMA & ORTHOPAEDICS	445	843	318	603	632	656
	120. ENT	125	237	80	152	160	166
	130. OPHTHALMOLOGY	273	517	147	279	293	304
	140. ORAL SURGERY	73	138	57	108	113	117
	141. RESTORATIVE DENTISTRY	5	9	0	0	0	0
	142. PAEDIATRIC DENTISTRY	1	2	0	0	0	0
	143. ORTHODONTICS	11	21	0	0	0	0
	144. MAXILLO-FACIAL SURGERY	3	6	0	0	0	0
	147. PERIODONTICS	1	2	0	0	0	0
	148. PROSTHODONTICS			0	0	0	0
	150. NEUROSURGERY	33	63	10	18	19	20
	160. PLASTIC SURGERY	21	40	11	20	21	22
	170. CARDIOTHORACIC SURGERY	13	25	0	0	0	0
	171. PAEDIATRIC SURGERY	4	8	0	0	0	0
	172. CARDIAC SURGERY	1	2	0	0	0	0
	173. THORACIC SURGERY	1	2	0	0	0	0
	180. ACCIDENT & EMERGENCY	37	70	0	0	0	0
	190. ANAESTHETICS			0	0	0	0
	191. PAIN MANAGEMENT	16	30	9	16	17	18
	300. GENERAL MEDICINE	121	220	78	148	156	161
	301. GASTROENTEROLOGY	50	95	0	0	0	0
	302. ENDOCRINOLOGY excluding Diabetic Medicine	5	9	0	0	0	0
	303. CLINICAL HAEMATOLOGY	20	38	16	30	32	33
	306. HEPATOLOGY	3	6	0	0	0	0
	307. DIABETIC MEDICINE	1	2	1	2	2	2
	310. ALIDIOLOGICAL MEDICINE			0	0	0	0
	311. CLINICAL GENETICS	1	2	0	0	0	0
	313. CLINICAL IMMUNOLOGY or ALLERGY	5	9	0	0	0	0
	314. REHABILITATION	4	8	0	0	0	0
	315. PALLIATIVE MEDICINE			0	0	0	0
	320. CARDIOLOGY	193	366	109	206	216	224
	321. PAEDIATRIC CARDIOLOGY	4	8	0	0	0	0
	324. ANTICOAGULANT SERVICE	4	8	0	0	0	0
	330. DERMATOLOGY	128	243	82	155	162	168
	340. THORACIC MEDICINE	55	104	0	0	0	0
	341. SLEEP STUDIES	1	2	0	0	0	0
	350. INFECTIOUS DISEASES	2	4	0	0	0	0
	361. NEPHROLOGY	23	44	13	24	26	27
	370. MEDICAL ONCOLOGY	7	13	0	0	0	0
	400. NEUROLOGY	87	165	16	30	32	33
	410. RHEUMATOLOGY	34	64	22	41	43	45
	420. PAEDIATRICS	60	114	39	74	78	81
	421. PAEDIATRIC NEUROLOGY	2	4	0	0	0	0
	430. GERIATRIC MEDICINE	1	2	0	0	0	0
	450. DENTAL MEDICINE SPECIALTIES	1	2	0	0	0	0
	501. OBSTETRICS	78	148	36	68	71	74
	502. GYNAECOLOGY	124	235	42	80	84	87
	560. MIDWIFE EPISODE	40	76	27	51	54	56
	653. PODIATRY	1	2	0	0	0	0
	655. ORTHOPTICS			0	0	0	0
	700. LEARNING DISABILITY	1	2	0	0	0	0
	710. ADULT MENTAL ILLNESS	16	30	0	0	0	0
	711. CHILD and ADOLESCENT PSYCHIATRY	22	42	0	0	0	0
	713. PSYCHOTHERAPY	1	2	0	0	0	0
	715. OLD AGE PSYCHIATRY	5	9	0	0	0	0
	800. CLINICAL ONCOLOGY (previously RADIOTHERAPY)	31	59	2	4	4	4
	950. Nurse Lead Episode	4	8	0	0	0	0
	960. not a Treatment Function	31	59	0	0	0	0
	Total	2567	4865	1412	2676	2807	2914

NB:- Stratford Area population projections have been used to estimate 2013 and 2018 activity (source:- ONS)

Follow Up Outpatient Attendances

Future Provision Of Services On The Alcester Hospital Site

Alcester Analysis - Outpatient Attendances With Scaling For Population and Rugby Activity Model And Future Projections							
Attendance Type	Specialty	2006/07				2013	2018
		No Of Attends - Arrow Lodge and Priory MC Only (circa 10000 pop'n) - Col 1	No Of Attends - Scaled Up To Alcester Pop'n (20000) - Col 2	No Of Attends - Arrow Lodge and Priory MC Only (circa 10000 pop'n) - Col 3	No Of Attends - Scaled Up To Alcester Pop'n (20000) - Col 4	Projected Attendances For Alcester Population (Col 4 + 1.049) - Col 5	Projected Attendances For Alcester Population (Col 5 + 1.038) - Col 6
FollowUp	??? Invalid Local Code	6	11	0	0	0	0
	100: GENERAL SURGERY	385	730	161	305	320	332
	101: UROLOGY	164	311	60	114	119	124
	102: TRANSPLANTATION SURGERY	1	2	0	0	0	0
	103: BREAST SURGERY	6	11	3	5	5	6
	104: COLORECTAL SURGERY			0	0	0	0
	105: HEPATOBIILIARY AND PANCREATIC SURGERY (HPB)	6	11	0	0	0	0
	106: UPPER GASTROINTESTINAL SURGERY	7	13	0	0	0	0
	107: VASCULAR SURGERY	5	9	2	4	4	4
	110: TRAUMA & ORTHOPAEDICS	856	1622	676	1281	1344	1395
	120: ENT	257	487	142	269	282	293
	130: OPHTHALMOLOGY	894	1694	580	1100	1154	1198
	140: ORAL SURGERY	83	157	53	101	105	109
	141: RESTORATIVE DENTISTRY	31	59	0	0	0	0
	142: PAEDIATRIC DENTISTRY	9	17	0	0	0	0
	143: ORTHODONTICS	129	244	15	28	30	31
	144: MAXILLO-FACIAL SURGERY	6	11	0	0	0	0
	147: PERIODONTICS	7	13	0	0	0	0
	148: PROSTHODONTICS	4	8	0	0	0	0
	150: NEUROSURGERY	32	61	7	12	13	14
	160: PLASTIC SURGERY	62	118	37	70	73	76
	161: BURNS CARE			0	0	0	0
	170: CARDIOTHORACIC SURGERY	7	13	0	0	0	0
	171: PAEDIATRIC SURGERY	5	9	0	0	0	0
	172: CARDIAC SURGERY			0	0	0	0
	173: THORACIC SURGERY	2	4	0	0	0	0
	180: ACCIDENT & EMERGENCY	16	30	0	0	0	0
	190: ANAESTHETICS	9	17	0	0	0	0
	191: PAIN MANAGEMENT	44	83	33	63	66	68
	211: PAEDIATRIC UROLOGY			0	0	0	0
	221: PAEDIATRIC CARDIAC SURGERY			0	0	0	0
	260: PAEDIATRIC MEDICAL ONCOLOGY			0	0	0	0
	300: GENERAL MEDICINE	223	423	171	325	341	353
	301: GASTROENTEROLOGY	81	154	0	0	0	0
	302: ENDOCRINOLOGY excluding Diabetic Medicine	11	21	0	0	0	0
	303: CLINICAL HAEMATOLOGY	168	318	130	247	259	269
	306: HEPATOLOGY	6	11	0	0	0	0
	307: DIABETIC MEDICINE	15	28	14	27	28	29
	311: CLINICAL GENETICS	2	4	0	0	0	0
	313: CLINICAL IMMUNOLOGY or ALLERGY	2	4	0	0	0	0
	314: REHABILITATION	12	23	0	0	0	0
	316: CLINICAL IMMUNOLOGY	8	15	0	0	0	0
	320: CARDIOLOGY	178	337	154	291	305	317
	321: PAEDIATRIC CARDIOLOGY	5	9	0	0	0	0
	323: SPINAL INJURIES	12	23	0	0	0	0
	324: ANTICOAGULANT SERVICE	14	27	0	0	0	0
	330: DERMATOLOGY	363	688	301	571	599	621
	340: THORACIC MEDICINE	139	263	0	0	0	0
	341: SLEEP STUDIES	1	2	0	0	0	0
	350: INFECTIOUS DISEASES	4	8	0	0	0	0
	361: NEPHROLOGY	53	100	43	82	86	89
	370: MEDICAL ONCOLOGY	38	72	0	0	0	0
	400: NEUROLOGY	56	106	30	57	59	62
	410: RHEUMATOLOGY	138	262	97	184	193	200
	420: PAEDIATRICS	164	311	89	169	177	184
	421: PAEDIATRIC NEUROLOGY	2	4	0	0	0	0
	422: NEONATOLOGY	3	6	2	4	4	4
	430: GERIATRIC MEDICINE			0	0	0	0
	450: DENTAL MEDICINE SPECIALTIES	1	2	0	0	0	0
	460: MEDICAL OPHTHALMOLOGY			0	0	0	0
	501: OBSTETRICS	243	461	94	178	187	194
	502: GYNAECOLOGY	183	347	81	153	160	166
	560: MIDWIFE EPISODE	19	36	6	11	11	12
	650: PHYSIOTHERAPY			0	0	0	0
	655: ORTHOPTICS	1	2	0	0	0	0
	700: LEARNING DISABILITY	27	51	0	0	0	0
	710: ADULT MENTAL ILLNESS	414	785	0	0	0	0
	711: CHILD and ADOLESCENT PSYCHIATRY	47	89	0	0	0	0
	713: PSYCHOTHERAPY	2	4	0	0	0	0
	715: OLD AGE PSYCHIATRY	28	53	0	0	0	0
	800: CLINICAL ONCOLOGY (previously RADIOTHERAPY)	297	563	112	212	223	231
	811: INTERVENTIONAL RADIOLOGY	1	2	0	0	0	0
	950: Nurse Lead Episode	47	89	0	0	0	0
	960: not a Treatment Function	16	30	0	0	0	0
	Total	6057	11479	0	0	0	0

NB:- Stratford Area population projections have been used to estimate 2013 and 2018 activity (source:- ONS)

Appendix 6: Outpatient Attendances – No of Sessions

Alcester Analysis - Scaled Outpatient Attendances Where No Of Sessions For First And Follow-Up Are Greater Than 26 (In Any Year)										
		2006/07					2013		2018	
		Attendances Scaled As Per Activity At Rugby St Cross					Projected Attendances - Using Scaled Up Attendances For Rugby			
Attendance Type	Specialty	No Of Attends - Arrow Lodge and Priory MC Only (circa 10000 pop'n) - Col 1	No Of Attends - Scaled Up To Alcester Pop'n (20000) - Col 2	No Of Attends - Arrow Lodge and Priory MC Only (circa 10000 pop'n) - Col 3	No Of Attends - Scaled Up To Alcester Pop'n (20000) - Col 4	No Of Sessions Req'd To Meet No Of Attends Scaled As Per Rugby And 20000 Pop'n - Col 5	2013 Projected Attendances For Alcester Population (Col 4 * 1.049) - Col 6	2013 Projected No Of Sessions - Col 7	2018 Projected Attendances For Alcester Population (Col 6 * 1.038) - Col 8	2018 Projected No Of Sessions - Col 9
First	100: GENERAL SURGERY	232	440	116	220	22	231	23	240	24
	110: TRAUMA & ORTHOPAEDICS	445	843	318	603	60	632	63	656	66
	120: ENT	125	237	80	152	15	160	16	166	17
	130: OPHTHALMOLOGY	273	517	147	279	28	293	29	304	30
	300: GENERAL MEDICINE	121	229	78	148	15	155	16	161	16
	320: CARDIOLOGY	193	366	109	206	21	216	22	224	22
Follow Up	330: DERMATOLOGY	128	243	82	155	15	162	16	168	17
	100: GENERAL SURGERY	385	730	161	305	15	320	16	332	17
	110: TRAUMA & ORTHOPAEDICS	856	1622	676	1281	64	1344	67	1395	70
	120: ENT	257	487	142	269	13	282	14	293	15
	130: OPHTHALMOLOGY	894	1694	580	1100	55	1154	58	1198	60
	300: GENERAL MEDICINE	223	423	171	325	16	341	17	353	18
320: CARDIOLOGY	178	337	154	291	15	305	15	317	16	
330: DERMATOLOGY	363	688	301	571	29	599	30	621	31	

NB:- Stratford Area population projections have been used to estimate 2013 and 2018 activity (source:- ONS)

Appendix 7: Contacts And Day Hospital Attendances

Alcester Analysis - Community Contacts For Arrow Lodge and Priory MC Patients By Type And Service Group							
		2005/06		2006/07		2013	2018
		No Of Contacts - Col 1	Scaled Contacts for 20000 Population - Col 2	No Of Contacts - Col 3	Scaled Contacts for 20000 Population - Col 4	Projected Contacts (Col 4 * 1.049) - Col 5	Scaled Contacts for 20000 Population (Col 5 * 1.038) - Col 6
Community Contact	Service Group Not Recorded	3	6	41	78	82	85
	Clinical Psychology Primary Care (PSY)	0	0	4	8	8	8
	District Nurse (DNS)	5099	9664	4094	7759	8139	8448
	Health Visitor (HV)	1772	3358	1537	2913	3056	3172
	Liaison Nurse (LIA)	184	349	0	0	0	0
	Occupational Therapy (OT)	107	203	228	432	453	471
	Physiotherapy (PHS)	1670	3165	1564	2964	3109	3227
	Podiatry (POD)	898	1702	873	1655	1736	1802
	Speech and Language (SPE)	556	1054	681	1291	1354	1405
	Support Worker (SPW)	52	99	0	0	0	0
	Wheelchair Service (WSERV)	114	216	67	127	133	138
	Total	10455	19814	9089	17225	18069	18756
Contact in Day Hospital Setting	Clinical Psychology Primary Care (PSY)		0	1	2	2	2
	Occupational Therapy (OT)	360	682	173	328	344	357
	Physiotherapy (PHS)	326	618	192	364	382	396
	Speech and Language (SPE)	18	34	3	6	6	6
	Wheelchair Service (WSERV)		0		0	0	0
	Total	704	1334	369	699	734	761
Contact in Inpatient Setting	Service Group Not Recorded	4	8		0	0	0
	Day Service Nurse (DSN)	18	34	20	38	40	41
	District Nurse (DNS)	4	8		0	0	0
	Health Visitor (HV)		0	5	9	10	10
	Intermediate Care Services (ICS)	338	641	278	527	553	574
	Liaison Nurse (LIA)	12	23	2	4	4	4
	Occupational Therapy (OT)	472	895	364	690	724	751
	Physiotherapy (PHS)	512	970	438	830	871	904
	Podiatry (POD)	9	17		0	0	0
	Speech and Language (SPE)	93	176	75	142	149	155
	Total	1462	2771	1182	2240	2350	2439
Day hospital Attendances	Day Service Nurse (DSN)	2417	4581	1938	3673	3853	3999
Grand Total		15038	28500	12578	23838	25006	25956

Alcester Activity - Day Hospital And Inpatient Contact Activity By Service Group, Team And Type of Contact								
			2005/06		2006/07		2013	2018
Service Group	Team	Patient Type	No Of Contacts - Col 1	Scaled Contacts for 20000 Population - Col 2	No Of Contacts - Col 3	Scaled Contacts for 20000 Population - Col 4	Projected Contacts (Col 4 * 1.049) - Col 5	Scaled Contacts for 20000 Population (Col 5 * 1.038) - Col 6
Occupational Therapy (OT)	Alcester-Day Hos (ALDH)	Contact in day hospital setting (DHC)	275	521	136	258	270	281
		Contact in inpatient setting (I)	10	19	15	28	30	31
	Alcester-Inpatients (ALIP)	Contact in day hospital setting (DHC)	1	2	3	6	6	6
Physiotherapy (PHS)	(E) Alcester Hospital (EALC)	Contact in inpatient setting (I)	923	1749	960	1819	1909	1981
		Contact in day hospital setting (DHC)	234	443	151	286	300	312
		Contact in inpatient setting (I)	1562	2960	1281	2426	2547	2643
Podiatry (POD)	Alcester Day Hospital (ALCDH)	Contact in day hospital setting (DHC)		0	1	2	2	2
		Contact in inpatient setting (I)	2	4		0	0	0
Speech and Language (SPE)	(AD) Alcester Hospital (ADAL)	Contact in day hospital setting (DHC)						
		Contact in inpatient setting (I)	74	140	50	95	99	103

NB:- Stratford Area population projections have been used to estimate 2013 and 2018 activity (source:- ONS). Day hospital attendances listed above exclude activity undertaken by service groups whilst the client is in a day hospital setting.

Appendix 8: Radiology Attendances at Warwick Hospital

Warwick Hospital Radiology Attendances - Priory MC and Warwick Gates Only				
		Year		
		2005/06	2006/07	2007/08 Q1
Patient Type	Examination Category	Number of Attends	Number of Attends	Number of Attends
GP (Direct Access)	CT	8	12	1
	Dental	23	7	1
	Fluoroscopy	7	3	
	General X-Ray	477	380	119
	MRI	7	11	3
	Obstetric Ultrasound	520	193	1
	Ultrasound (General)	348	282	74
	Total	1390	888	199
OP	Cardiac Catheter Lab	9	9	
	CT	175	61	3
	Dental	139	73	2
	Fluoroscopy	24	8	
	General X-Ray	509	239	10
	Mammography	148	70	8
	Medical Measurement		28	
	MRI	93	49	16
	Obstetric Ultrasound	266	199	4
	Ultrasound (General)	336	194	8
Total	1699	930	51	
Other	CT			
	Dental		3	
	General X-Ray		1	
	Obstetric Ultrasound		1	
	Total		5	
A&E	CT	12	11	
	Dental	2	1	
	General X-Ray	1385	850	44
	Obstetric Ultrasound			
	Ultrasound (General)	4		
	Total	1403	862	44
Day Case	Dental	2		
	Fluoroscopy			
	General X-Ray	22	3	
	Total	24	3	
IP	Cardiac Catheter Lab	5		
	CT	158	98	
	Dental	11	1	
	Fluoroscopy	21	7	
	General X-Ray	493	222	1
	Mammography	1	1	
	Medical Measurement		8	
	MRI	7	2	
	Obstetric Ultrasound	14	13	
	Ultrasound (General)	131	55	3
Total	841	407	4	
Grand Total		5357	3095	298

Future Provision Of Services On The Alcester Hospital Site

Appendix 9: Day Case

Alcester Analysis - Day Case Spells And Future Activity Projection (Includes Scaling For Population And Rugby St Cross Model)										
Speciality Treatment Group	Year								2013 Projected Spells For Alcester Population (Col 8 * 1.049) - Col 9	2018 Projected Spells For Alcester Population (Col 9 * 1.038) - Col 10
	2005/06				2006/07					
	No Of Spells - Arrow Lodge and Priory MC Only (circa 10000 pop'n) - Col 1	No Of Spells - Scaled Up To Alcester Pop'n (20000) - Col 2	Rugby Proportion		No Of Spells - Arrow Lodge and Priory MC Only (circa 10000 pop'n) - Col 5	No Of Spells - Scaled Up To Alcester Pop'n (20000) - Col 6	Rugby Proportion			
No Of Spells - Arrow Lodge and Priory MC Only (circa 10000 pop'n) - Col 3	No Of Spells - Scaled Up To Alcester Pop'n (20000) - Col 4	No Of Spells - Arrow Lodge and Priory MC Only (circa 10000 pop'n) - Col 7	No Of Spells - Scaled Up To Alcester Pop'n (20000) - Col 8							
No Speciality Recorded	4	8			2	4			0	0
100. GENERAL SURGERY	116	220	54	103	103	195	48	91	96	99
101. UROLOGY	67	127	50	95	68	129	51	97	101	105
104. COLORECTAL SURGERY	4	8	2	4					0	0
106. UPPER GASTROINTESTINAL SURGERY					2	4	1	1	1	1
107. VASCULAR SURGERY					1	2	1	1	1	1
110. TRAUMA & ORTHOPAEDICS	66	125	50	95	73	138	55	105	110	114
120. ENT	26	49			13	25			0	0
130. OPHTHALMOLOGY	69	131	19	37	79	150	22	42	44	46
140. ORAL SURGERY	24	45	14	27	24	45	14	27	29	30
142. PAEDIATRIC DENTISTRY					1	2			0	0
150. NEUROSURGERY	3	6	1	2					0	0
160. PLASTIC SURGERY	27	51	16	31	16	30	10	18	19	20
170. CARDIOTHORACIC SURGERY									0	0
171. PAEDIATRIC SURGERY	2	4			6	11			0	0
190. ANAESTHETICS	5	9			1	2			0	0
191. PAIN MANAGEMENT	29	55	12	22	35	66	14	27	28	29
300. GENERAL MEDICINE	38	72	16	29	37	70	15	29	30	31
301. GASTROENTEROLOGY	71	135			79	146			0	0
303. CLINICAL HAEMATOLOGY	100	190	57	108	79	150	45	85	89	93
306. HEPATOLOGY	1	2							0	0
320. CARDIOLOGY	15	28	2	4	25	47	4	7	7	7
323. SPINAL INJURIES									0	0
330. DERMATOLOGY	24	45			19	36			0	0
340. THORACIC MEDICINE	11	21			13	25			0	0
341. SLEEP STUDIES									0	0
361. NEPHROLOGY	6	11			2	4			0	0
370. MEDICAL ONCOLOGY	10	19			7	13			0	0
400. NEUROLOGY	7	13			1	2			0	0
410. RHEUMATOLOGY	7	13	4	7	2	4	1	2	2	2
420. PAEDIATRICS	49	93			50	95			0	0
502. GYNAECOLOGY	72	136	17	32	58	110	14	26	27	28
800. CLINICAL ONCOLOGY (previously RADIOTHERAPY)	20	38			59	112			0	0
Grand Total	873	1655	373	707	854	1618	365	691	725	753

NB:- Stratford Area population projections have been used to estimate 2013 and 2018 activity (source:- ONS)

Appendix 10: Outpatient Endoscopy

Alcester Analysis - Outpatients With Procedure		Year					
		2005/06		2006/07		2013	2018
Attendance Type	Procedure Group	No Of Attendances - Arrow Lodge and Priory MC Only (circa 10000 pop'n) - Col 1	No Of Attendances - Scaled Up To Alcester Pop'n (20000) - Col 2	No Of Attendances - Arrow Lodge and Priory MC Only (circa 10000 pop'n) - Col 3	No Of Attendances - Scaled Up To Alcester Pop'n (20000) - Col 4	2013 Projected Attendances For Alcester Population (Col 4 * 1.049) - Col 5	2018 Attendances Spells For Alcester Population (Col 5 * 1.038) - Col 6
First	G: UPPER DIGESTIVE TRACT	5	9	4	8	8	8
	H: LOWER DIGESTIVE TRACT	40	76	39	74	76	80
	Total	45	85	43	81	85	89
FollowUp	G: UPPER DIGESTIVE TRACT	1	2	1	2	2	2
	H: LOWER DIGESTIVE TRACT	15	28	14	27	28	29
	Total	16	30	15	28	30	31
Grand Total		61	116	58	110	115	120

NB:- Stratford Area population projections have been used to estimate 2013 and 2018 activity (source:- ONS)

Appendix 11: Alcester Inpatient Activity

Alcester Hospital Inpatient Activity - 2006/07 and Projected				
		Actual Activity	Projected Activity	
Specialty	AgeGroup	2006/07	2013	2018
Admission Prevention	50-54	1	1	1
	60-64	2	2	2
	65-69	1	1	2
	70-74	5	6	6
	75-79	21	24	28
	80-84	15	17	19
	85-89	33	37	42
	90-94	17	19	22
Geriatric Medicine	70-74	1	1	1
	85-89	1	1	1
Palliative Care	60-64	1	1	1
	65-69	1	1	2
	70-74	3	3	4
	75-79	1	1	1
	80-84	1	1	1
	85-89	2	2	3
Rehabilitation	65-69	4	5	7
	70-74	4	4	5
	75-79	7	8	9
	80-84	26	29	33
	85-89	24	27	31
	90-94	14	16	18
Transitional Care	95-99	4	5	5
	40-44	1	1	1
	70-74	1	1	1
	75-79	1	1	1
	80-84	2	2	3
	85-89	3	3	4
	90-94	2	2	3
	95-99	1	1	1
Grand Total	All Ages	207	215	224

NB:- Stratford Area population projections have been used to estimate 2013 and 2018 activity (source:- ONS)

Appendix 12: Inpatient Bed Usage

Calculation For Number Of Beds Required (Based on 2006/07 Activity)		2006/07		2013		2018	
Admission Prevention		28 Day LoS	14 Day LoS	28 Day LoS	14 Day LoS	28 Day LoS	14 Day LoS
No of Spells		102	102	115	115	130	115
No of Beddays		2856	1428	3220	1610	3640	1610
Total Beddays required (assuming 85% occupancy)		3360	1680	3788	1894	4282	1894
Total No Of Beds Required		9	5	10	5	12	5
Rehabilitation & Geriatric Medicine							
No of Spells		85		96		110	
No of Beddays		2380		2688		3080	
Total Beddays required (assuming 85% occupancy)		2800		3162		3624	
Total No Of Beds Required		8		9		10	
Palliative Care							
No of Spells		9		10		11	
No of Beddays		252		280		308	
Total Beddays required (assuming 85% occupancy)		296		329		362	
Total No Of Beds Required		1		1		1	

NB:- Stratford Area population projections have been used to estimate 2013 and 2018 activity (source:- ONS)

Appendix 13: Accident and Emergency Analysis

Alcester Analysis - Accident and Emergency Attendances							
		2007/08					
		Q1		Q2		Total	
Provider	HRG1	No Of Attends - Arrow Lodge and Priory MC Only (circa 10000 pop'n)	No Of Attends - Scaled Up To Alcester Pop'n (20000)	No Of Attends - Arrow Lodge and Priory MC Only (circa 10000 pop'n)	No Of Attends - Scaled Up To Alcester Pop'n (20000)	No Of Attends - Arrow Lodge and Priory MC Only (circa 10000 pop'n)	No Of Attends - Scaled Up To Alcester Pop'n (20000)
RJC: SOUTH WARWICKSHIRE GENERAL HOSPITALS NHS TRUST	High Cost	49	93	33	63	82	155
	Lower Cost Or No Invest	76	144	69	131	145	275
RKB: UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST	High Cost	5	9	1	2	6	11
	Lower Cost Or No Invest	4	8	17	32	21	40
OTHER PROVIDER	High Cost	3	6	4	8	7	13
	Lower Cost Or No Invest	12	22	24	45	36	68
RWP: WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST	High Cost	135	255	155	294	290	550
	Low Cost Or No Invest	304	576	285	540	589	1116
TOTAL		588	1114	588	1114	1176	2229

